



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT

Division of Economic Support

Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

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Non W-2 ☒ **W-2** ☐ **CC** ☐

PRIORITY: High

**SUBJECT: MA – CHANGES BASED ON NEW FEDERAL POVERTY LEVEL (FPL)
AMOUNTS (2001)**

CROSS REFERENCE: MA Handbook, Appendices 12, 19, 23, 26, 27 & 30.
Income Maintenance Manual, Chapter I, Part A.

EFFECTIVE DATE: See specific dates below.

BACKGROUND

The U.S. Department of Health and Human Services (DHHS) has published its annual update of the Poverty Income Guidelines (aka, Federal Poverty Level, or FPL) in the Federal Register (via Internet). Several income limits and other amounts used in some MA determinations are based upon the FPL.

An update of CARES tables (TMEP, TBCS, & TMST) was done in late March. A mass change processing was done the weekend of 04/07/2001.

SPOUSAL IMPOVERISHMENT *COMMUNITY SPOUSE* INCOME ALLOWANCE

Effective: 05/01/2001

Cross Reference: **MA Handbook**, 23.6.0.

ITEM	OLD Amount	NEW Amount
Minimum Allocation	\$ 1,875.00	\$ 1,935.00
Shelter Base Amount	\$ 562.50	\$ 580.50

SPOUSAL IMPOVERISHMENT *FAMILY MEMBER* INCOME ALLOWANCE

Effective: 05/01/2001

Cross Reference: **MA Handbook**, 23.6.0.

Group Size	OLD Amount	NEW Amount
Each eligible family member	\$ 468.75	\$ 483.75

QUALIFIED MEDICARE BENEFICIARY (QMB)

Effective: 01-01-2001

Cross Reference: **MA Handbook**, 27.3.2, 30.6.0.

You do not have to implement the QMB change retroactively, except at the request of someone denied because of excess income between January 1, 2001, and the implementation date of these new limits.

Group Size	OLD Limit (100%)	NEW Limit (100%)
1	\$ 695.83	\$ 715.83
2	\$ 937.50	\$ 967.50

QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)

Effective: 05/01/2001

Cross Reference: **MA Handbook**, 27.7.1, 30.6.0.

QDWI eligibility is determined in CARES.

Group Size	OLD Limit (200%)	NEW Limit (200%)
1	\$ 1,391.67	\$ 1,431.67
2	\$ 1,875.00	\$ 1,935.00

TUBERCULOSIS-RELATED INCOME LIMIT

Cross Reference: **MA Handbook**, 19.7.2.

The special TB-related eligibility is determined manually, not in CARES. It's income limit is no longer tied to the FPL and is not affected by these updates. See the new amount given in **MA Handbook** release 01-02.

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)

Effective: 01-01-2001

Cross Reference: **MA Handbook**, 27.4.0, 30.6.0.

You do not have to implement the SLMB change retroactively, except at the request of someone denied because of excess income between January 1, 2001, and the implementation date of the new limits.

Group Size	OLD Limit (120%)	NEW Limit (120%)
1	\$ 835.00	\$ 859.00
2	\$ 1,125.00	\$ 1,161.00

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS (SLMB +)

Effective: 01-01-2001

Cross Reference: **MA Handbook**, 27.5.0, 30.6.0.

You do not have to implement the SLMB + change retroactively, except at the request of someone denied because of excess income between January 1, 2001, and the implementation date of the new limits.

Group Size	OLD Limit (135%)	NEW Limit (135%)
1	\$ 939.38	\$ 966.38
2	\$ 1,265.63	\$ 1,306.13

ADDITIONAL LOW INCOME MEDICARE BENEFICIARY (ALMB)

Effective: 01-01-2001

Cross Reference: **MA Handbook**, 27.6.0, 30.6.0.

You do not have to implement the ALMB change retroactively, except at the request of someone denied because of excess income between January 1, 2001, and the implementation date of the new limits.

Group Size	OLD Limit (175%)	NEW Limit (175%)
1	\$ 1,217.71	\$ 1,252.71
2	\$ 1,640.63	\$ 1,693.13

OBRA CHILDREN (AT LEAST 6 BUT NOT 19 YEARS OLD BORN AFTER)

Effective: 05/01/2001

Cross Reference: **MA Handbook**, 26.3.0 & 30.6.0.

Group Size	OLD Limit (100%)	NEW Limit (100%)	Group Size	OLD Limit (100%)	NEW Limit (100%)
1	\$ 695.83	\$ 715.83	6	\$ 1,904.17	\$ 1,974.17
2	\$ 937.50	\$ 967.50	7	\$ 2,145.83	\$ 2,225.83
3	\$ 1,179.17	\$ 1,219.17	8	\$ 2,387.50	\$ 2,477.50
4	\$ 1,420.83	\$ 1,470.83	9	\$ 2,629.17	\$ 2,729.17
5	\$ 1,662.50	\$ 1,722.50	10	\$ 2,870.83	\$ 2,980.83
			for each person over 10	+ \$ 241.67	+ \$ 251.67

HEALTHY START (HS) & PRESUMPTIVE ELIGIBILITY (PE)

Effective: 05/01/2001

Cross Reference: (HS) **MA Handbook**, 26.3.0 & 30.6.0.
(PE) **Income Maintenance Manual**, I-A.

Group Size	OLD Limit HS/PE CAT NDY (133%)	NEW Limit HS/PE CAT NDY (133%)	Group Size	OLD Limit HS/PE CAT NDY (133%)	NEW Limit HS/PE CAT NDY (133%)
1	\$ 925.46	\$ 952.06	6	\$ 2,532.54	\$ 2,625.64
2	\$ 1,246.88	\$ 1,286.78	7	\$ 2,853.96	\$ 2,960.36
3	\$ 1,568.29	\$ 1,621.49	8	\$ 3,175.38	\$ 3,295.08
4	\$ 1,889.71	\$ 1,956.21	9	\$ 3,496.79	\$ 3,629.79
5	\$ 2,211.13	\$ 2,290.93	10	\$ 3,818.21	\$ 3,964.51
			each person over 10	+ \$ 321.42	+ \$ 334.72

Group Size	OLD Limit HS/PE MED NDY (185%)	NEW Limit HS/PE MED NDY (185%)	Group Size	OLD Limit HS/PE MED NDY (185%)	NEW Limit HS/PE MED NDY (185%)
1	\$ 1,287.29	\$ 1,324.29	6	\$ 3,522.71	\$ 3,652.21
2	\$ 1,734.28	\$ 1,789.88	7	\$ 3,969.79	\$ 4,117.79
3	\$ 2,181.46	\$ 2,255.46	8	\$ 4,416.88	\$ 4,583.38
4	\$ 2,628.54	\$ 2,721.04	9	\$ 4,863.96	\$ 5,048.96
5	\$ 3,075.63	\$ 3,186.63	10	\$ 5,311.04	\$ 5,514.54
			each person over 10	+ \$ 447.08	+ \$ 465.58

QMBs/SLMBs & COLA DISREGARD

In the December, 2000, CARES COLA mass change, we stored the COLA increase as "CURRENT DISREGARD" on AFUI. For determinations made in January through April 2001, CARES would subtract the COLA increase from the client's income before comparing it to the income limit. This was to compensate for the fact that we did not have the 2001 FPL amounts in the system. For determinations done from May through December 2001, EDBC will not subtract the COLA increase from total income when determining QMB and SLMB eligibility in CARES.

BADGERCARE

Effective: 05/01/2001

Cross Reference: **MA Handbook**, 12.0.0, 30.6.0.

Income limits for BadgerCare are based on 185% of the FPL for applicants and 200% of the FPL for recipients. Families above 150% of FPL will need to pay a premium in order to participate in the BadgerCare program.

CARES uses tables for 100% of FPL in BadgerCare processing to send a 'GP' medical status for those under 100% FPL and a "B4" medical status for those falling between 100% and 150% of FPL

Group Size	OLD Limit Applicants (185%)	NEW Limit Applicants (185%)	OLD Limit Recipients (200%)	NEW Limit Recipients (200%)
1	\$1,287.29	\$1,324.29	\$1,391.67	\$1,431.67
2	\$1,734.38	\$1,789.88	\$1,875.00	\$1,935.00
3	\$2,181.46	\$2,255.46	\$2,358.33	\$2,438.33
4	\$2,628.54	\$2,721.04	\$2,841.67	\$2,941.67
5	\$3,075.63	\$3,186.63	\$3,325.00	\$3,445.00
6	\$3,522.71	\$3,652.21	\$3,808.33	\$3,948.33
7	\$3,969.79	\$4,117.79	\$4,291.67	\$4,451.67
8	\$4,416.88	\$4,583.38	\$4,775.00	\$4,955.00
9	\$4,863.96	\$5,048.96	\$5,258.33	\$5,458.33
10	\$5,311.04	\$5,514.54	\$5,741.67	\$5,961.67
For each additional person	\$ 447.08	\$ 465.58	\$ 483.33	\$ 503.33

Group Size	NEW Cutoff 'GP' Med Stat (100%)	NEW Cutoff Premium Payment (150%)
1	\$715.83	\$1,073.75
2	\$967.50	\$1,451.25
3	\$1,219.17	\$1,828.75
4	\$1,470.83	\$2,206.25
5	\$1,722.50	\$2,583.75
6	\$1,974.17	\$2,961.25
7	\$2,225.83	\$3,338.75
8	\$2,477.50	\$3,716.25
9	\$2,729.17	\$4,093.75
10	\$2,980.83	\$4,471.25
For each additional person	\$ 251.67	\$ 377.50